

STATE WATER RESOURCES CONTROL BOARD
CALIFORNIA WATER AND WASTEWATER ARREARAGES PAYMENT PROGRAM
AUTHORIZED REPRESENTATIVE DELEGATION

Wastewater Treatment Provider Name:*	
WDID:*	
Wastewater Billing Entity Name (if applicable):	
Entity Associated with Delegation (select one):	<input type="checkbox"/> Wastewater Treatment Provider <input type="checkbox"/> Wastewater Billing Entity
*If the aggregated application method is used, list "Multiple Providers" in the Wastewater Treatment Provider Name and WDID fields. [] Please check this box if attaching an additional sheet.	

The above-named Wastewater Treatment Provider or Wastewater Billing Entity does hereby jointly and severally appoint the following officer(s) or employee(s) as the entity's authorized representative(s) or its designee(s) to sign and file any and all documents necessary to apply for and receive moneys from the State Water Resources Control Board for the California Water and Wastewater Arrearages Payment Program.

Authorized Representative or Designee	
Name:	
Title:	
Address:	
Phone:	
Email:	
Signature:	

Authorized Representative or Designee	
Name:	
Title:	
Address:	
Phone:	
Email:	
Signature:	

If the Wastewater Treatment Provider or Wastewater Billing Entity is appointing multiple authorized representatives or designees, are they authorized to act independently?

☐ Yes ☐ No

Any action by the above-named authorized representative(s) or designee(s) is for the Wastewater Treatment Provider or Wastewater Billing Entity and in its name, place, and stead, and for its use and benefit.

The Wastewater Treatment Provider or Wastewater Billing Entity hereby agrees and further authorizes the above-named authorized representative(s) or designee(s) to provide any and all assurances, certifications, and commitments required to apply for and receive moneys from the California Water and Wastewater Arrearages Payment Program.

The above-named authorized representative(s) or designee(s) is(are) authorized and directed to represent the Wastewater Treatment Provider or Wastewater Billing Entity in carrying out the entity's responsibilities for participation in the California Water and Wastewater Arrearages Payment Program, including certifying disbursement requests on behalf of the entity and compliance with applicable state laws.

This Authorized Representative Delegation shall become effective on the date of execution and shall remain in effect until terminated, in writing, by the Wastewater Treatment Provider or Wastewater Billing Entity. This document must be signed by an authorized signatory based on the entity type in accordance to the Signatory Requirements Table. Please see the Signatory Requirements Guidelines, which can be found on the State Water Board's web site at www.waterboards.ca.gov/arrearage_payment_program.

The individual(s) named above is (are) hereby authorized to sign on behalf of the above-named Wastewater Treatment Provider or Wastewater Billing Entity:

Name:	
Title:	
Signature:	
Date:	

Name:	
Title:	
Signature:	
Date:	